

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 12 | 8 | 6 | 2 | 10 | 7 |
|----|--------|---|---|----|---|
| 10 | \sim | | • | v | 1 |

OMB APPROVAL 3235-0076 OMB Number: Expires: November 30, 2001

Estimated average burden hours per response . . . 16.00

| SEC USE ONLY | | | | | | |
|--------------|---------|--|--|--|--|--|
| Prefix | Serial | | | | | |
| DATE R | ECEIVED | | | | | |

| • | | | | |
|--|---|--|------------------------------|---|
| Name of Offering (D cl. TOXIC AUDIO THEA | neck if this is an amendment and nam TRICAL L.L.C. | e has changed, and in | dicate change.) | |
| Filing Under (Check box(e | s) that apply): 🗌 Rule 504 🗍 Ru | ule 505 🖾 Rule 506 | ☐ Section 4(6) ☐ U | LOE |
| Type of Filing: New | Filing | | | |
| | A. BASIC IDEN | NTIFICATION DATA | | - (|
| 1. Enter the information re | equested about the issuer | | | • • • |
| Name of Issuer (chec TOXIC AUDIO THEAT | k if this is an amendment and name h TRICAL L.L.C. | as changed, and indica | ate change.) | 187 |
| Address of Executive Offic C/O Eric Krebs To | neatrical Management, Inc | 2. | Telephone Number (Inc | luding Area Code) |
| Address of Principal Busin (if different from Executive | less Operations (Number and Street, c | City, State, Zip Code) | Telephone Number (Inc | luding Area Code) |
| Brief Description of Busine | èss | ************************************** | | |
| Production of the | Off-Broadway show "TOXIC | AUDIO IN LOUD | MOUTH" | APR 09 2004 |
| Type of Business Organiza corporation business trust | tion limited partnership, alread limited partnership, to be | • | ⊠Xother (please specify): | limited liabilit |
| | of Incorporation or Organization: | • | | |
| GENERAL INSTRUCTIO | NS . | | | |
| Federal: | making an offering of securities in reliai | nce on an exemption un | nder Regulation D or Section | on 4(6), 17 CFR 230.501 |
| the U.S. Securities and Exc | ust be filed no later than 15 days after change Commission (SEC) on the earli- | ier of the date it is rec | eived by the SEC at the | address given below or, |

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| | IDENTIFICA | |
|--|-------------------|--|
| | | |
| | | |

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

| | Check Box(es) that Apply: | oter | ☐ Executive Officer | ☐ Director | ☑ General and/or Managing Partner |
|--|---|-------------------------------|---------------------|---------------------------------------|--------------------------------------|
| Business or Residence Address (Number and Street, City, State, Zip Code) 450 West 42nd Street, Suite 2A, New York, NY 10036 Check Box(es) that Apply: | Full Name (Last name first, if individ | ual) | | · · · · · · · · · · · · · · · · · · · | |
| A So West 42nd Street, Suite 2A, New York, NY 10036 Check Box(es) that Apply: Promoter Beneficial Owner Beneficial Owner | | | | | <u></u> |
| Check Box(es) that Apply: | Business or Residence Address (Nur | nber and Street, City, State, | Zip Code) | 1 | |
| Managing Partner Full Name (Last name first, if Individual) Krebs, Eric Business or Residence Address (Number and Street, City, State, Zip Code) 450 West 42nd Street, Suite 2A, New York, NY 10036. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | 450 West 42nd Street, Su | ite 2A, New York, | | | |
| Ryches, Eric | Check Box(es) that Apply: | oter | Executive Officer | □ Director | ☐ General and/or Managing Partner |
| A Street, Suite 2A, New York, NY 10036 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | ual) | | | . (. |
| Check Box(es) that Apply: | Business or Residence Address (Nur | nber and Street, City, State, | Zip Code) | | |
| Business of Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: | 450 West 42nd Street, Su | ite 2A, New York, | NY 10036 | | |
| Business of Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: | Check Box(es) that Apply: Prom | oter | ☐ Executive Officer | ☐ Director | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Codé) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | Full Name (Last name first, if individ | ual) | | | |
| Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Codé) Check Box(es) that Apply: | Business of Residence Address (Nur | nber and Street, City, State, | Zip Code) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: | Check Box(es) that Apply: Prom | oter Beneficial Owner | ☐ Executive Officer | ☐ Director | |
| Check Box(es) that Apply: | Full Name (Last name first, if individ | ual) | | | |
| Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: | Business or Residence Address (Nur | nber and Street, City, State, | Zip Codé) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: | Check Box(es) that Apply: Prom | oter Beneficial Owner | ☐ Executive Officer | ☐ Director | |
| Check Box(es) that Apply: | Full Name (Last name first, if individ | ual) | | | |
| Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner | Business or Residence Address (Num | nber and Street, City, State, | Zip Code) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner | Check Box(es) that Apply: Prom | oter | ☐ Executive Officer | ☐ Director | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | Full Name (Last name first, if individual | ıal) | | | |
| Managing Partner | Business or Residence Address (Nun | aber and Street, City, State, | Zip Code) | | |
| Full Name (Last name first, if individual) | Check Box(es) that Apply: Prom | oter | ☐ Executive Officer | ☐ Director | |
| | Full Name (Last name first, if individu | ıal) | | | |

| | | | | B. I | NFORMA | TION A | OUT OFF | ERING | | | | - | |
|-------------------------|--|--|---|---------------------------------------|-------------------------------|--------------------------------|---|--|------------------------|----------------------------|-----------------|-------------|-------------|
| l. Has | the issuer | sold, or d | oes the issu | er intend | to sell, to | non-accr | edited inve | stors in thi | s offering | ? | | Yes . □ | XX |
| | | · | | | | | nn 2, if fili | | _ | | | | _ |
| 2. Wha | it is the mi | nimum in | vestment th | | | | | | | • | | . , 8 | ,000 |
| 1 D | eren. | · | tutus annua | | | ·. m | | | | | | Yes | No |
| | | | joint owne | | | | | | • | | | | |
| sion to be list t | or similar r e listed is a he name o | emunerati n associate f the brok | uested for e on for solic ed person o er or dealer orth the inf | itation of r agent of . If more | purchasers a broker than five | in connector dealer (5) person | ction with s registered v is to be list | ales of secu vith the SE ed are asso | rities in the C and/or | e offering. with a stat | if a perso | ր Տ, | |
| Full Name | e (Last nar | ne first, if | individual |) | | | | | -, | , | | | |
| N/A | | • | <u> </u> | | | | | | | • | | | |
| Business of | or Residence | e Address | (Number | and Stree | , City, Sta | ate, Zip C | ode) | | · | | | | |
| | | | , | | | | , | | | | | · | |
| | | | | | | | | | | | | | ,. |
| Name of . | Associated | Broker of | r Dealer | | | | | | | | | | |
| | | | | | | | <u> </u> | · | | | | | |
| States in | Which Pers | son Listed | Has Solici | ted or Int | ends to So | olicit Purc | hasers | | | | | | |
| (Check | "All State | s" or che | k individua | al States) | | • • • • • • • • • | · · · · · · · · · · · · · · · · · · · | | | | | □ All S | States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | {FL} | {GA} | [HI] | [ID] | |
| [[L] | [IN] | (ÎA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | (OR) | [PA] | |
| [RI] | "[SC] | [SD] · | [TN] | [TX] | [UT] | - [V,T] | [YA] | [WA] | [WV] | [WI] | [WY] | (PR) | |
| Full Name | e (Last nar | ne first, if | individual | | | : | | 4 | | | | | |
| Business o | or Residen | e Address | (Number | and Stree | t, City, Sta | ate, Zip C | Code) | | | | | | |
| Name of | Associated | Broker of | Dealer | | , | | | | | | | - | |
| States in 1 | Which Pers | son Listed | Has Solici | ted or Int | ends to So | ilicit Purc | | | | | | | |
| (Check | "All State | s" or chec | ck individua | al States) | | | tgallow in in | | | | · • • • • • • • | □ All S | States |
| [AL] | [AK] | [AZ] | [AR] | | [CO] | | [DE] | [DC] | {FL} | [GA] | [HI] | [ID | |
| [IL] | [IN] | [lA] | [KS] | {KY} | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | IMO |] |
| [MT] | [NE] | [NV] | [NH] | [[[[N] | [NM] | [NY] | [NC] | , [ND.]. | [OH] | [OK] | [OR] | [PA | |
| [RI]. | [SC] | [SD] | (TN) | [TX] | [UT] | { VT } | [VA] | [WA] | [WV] | [WI] | [WY] | (PR | <u> </u> |
| Full. Name | e (Last nan | ne first, if | individual) | | - | * ** | | | | | • | | |
| | | | | | | - | 200 | . 5 | | | | | |
| Business of | or Residence | e Address | (Number a | and Street | . City. Sta | ite. Zip C | ode) *** | · · · · · · | | ; | | | |
| | | | | | ,, , | , | , | | | | | | |
| Name of | Associated | Broker or | Dealer | | | *, * | , | | | | | | |
| | | | | n* . | | 1 | g steel is | | | | | | |
| States in \ | Which Pers | on Listed | Has Solicit | ted or Int | ends to So | licit Purc | hasers | | | | * t | | |
| (Check | "All States | s'' or ched | k individua | al States) | • • • • • • • • • | | | | | | | □ All S | states |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | {DC} | [FL] | [GA] | { HI } | • | |
| [IL] | [1N] | [[A] | [KS] | [KY] | {LA} | [ME] | [MD] | (MA) | [MI] | [MN] | [MS] | [MO] | |
| [MT] | (NE) | [NV] | (NH) | [NJ] | [NM] | [NY] | [NC] | [ND] | (OH) | (OK) | (OR) | [PA] | |
| [R[] | [SC] | [SD] | (TN) | [TX] | (UT) | [VT] | [VA] | [WA] | [WV] | [W[] | [WY] | [PR] | l |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold . Debt Equity..... ☐ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests Total \$_400_000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases - N Accredited Investors Non-accredited Investors.... Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar' Amount Type of offering Security Sold Rule 505 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees 500 Printing and Engraving Costs • 6,000 Legal Fees .000 Accounting Fees Engineering Fees

Total

s 3,500

Sales Commissions (specify finders' fees separately).....

Other Expenses (identify) _

| | C. OFFERING PRICE, NUMBER | OF INVES | fors, expenses a | VD USI | E OF P | ROCEED | S | |
|--|--|---------------------------|---|----------------------|---------------------|---|-----------------|---------------------|
| | b. Enter the difference between the aggregate offertion I and total expenses furnished in response to P "adjusted gross proceeds to the issuer." | Part C - Que | stion 4.a. This differen | ice is th | c | | s _3 | 91,500 |
| 5. | Indicate below the amount of the adjusted gross proused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate, the adjusted gross proceeds to the issuer set forth in | t for any pu The total of | rpose is not known, further fixed the fixed many fixed | irnish a ust equa | n ai | | · | |
| | the adjusted group protects to the recent control of | | (30000 | | Payn Of Direc | nents to ficers, ctors, & filiates | | yments To Others |
| | Salaries and fees | | | 🗅 | s | 0 | □ s <u> </u> | 0,000 |
| | Purchase of real estate | | | 🗆 | s | 0 | □ s | 0 |
| | Purchase, rental or leasing and installation of n | nachinery an | d equipment | 🗖 | s | 0 | o s | · 0 |
| | Construction or leasing of plant buildings and f | facilities | • | 🗖 | s | 0 | □ s | |
| | Acquisition of other businesses (including the va offering that may be used in exchange for the a issuer pursuant to a merger) | issets or sect | arities of another | | | | | 0 |
| | Repayment of indebtedness | | i., | 🗆 | s | 0 | □ s | 0 |
| | Working capital | | | 🗖 | S | 0 | □ \$ _38 | 1,500 |
| | Other (specify): | | | | S | 0 | □ s | 0 |
| | | | | | \$ | 0 | □ \$ | 0 |
| | Column Totals | | | 🗖 | s | 0 | □ \$ 38 | 11500 |
| | Total Payments Listed (column totals added) | | | | | □ s _3 | 91,500 | _ |
| | | | | | · | | | |
| <u>. </u> | D. | , FEDERAL | SIGNATURE | | | | · | |
| fol | e issuer has duly caused this notice to be signed by the lowing signature constitutes an undertaking by the issuest of its staff, the information furnished by the issuest. | suer to furnis | sh to the U.S. Securitie | s and E | xchange | e Commis | sion, upor | ı written re- |
| ss | uer (Print or Type) | Signature | | | | Date | | |
| Ţ | OXIC AUDIO THEATRICAL L.L.C. | | but the | da | | М | arch 31 | , 2004 |
| Va E b | ric Krebs Productions, Inc. | _ | ner (Print or Type) | | :r | | | |

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E. STATE SIGNATURE | | |
|--|-----|--------------------|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No (<u>R</u>) |
| See Appendix, Column 5, for state response. | | |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date |
|--|------------------------------|----------------|
| TOXIC AUDIO THEATRICAL L.L.C. | | March 31, 2004 |
| Name (Print or Type) Eric Krebs Productions, Inc. | Title (Print or Type) | |
| by Eric Krebs, President | President of Managing Member | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.